



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES October 12, 2006

Approved 12/14/06

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP STAFF
Carla Bailey, <i>Co-Chair</i>	Mario Pérez	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Wendy Schwartz	Diana Baumbauer	Angela Boger
Ruben Acosta	James Skinner	Darrel Cummings	Maxine Franklin
Al Ballesteros	Jonathan Stockton	Mark Davis	Michael Green
Carrie Broadus	Peg Taylor	Richard Eastman	Jacqueline Jackson
Robert Butler	Gilbert Varela	Susan Forrest	Terina Keresoma
Mario Chavez	Kathy Watt	Barbara Goul	True Pawluck
Alicia Crews-Rhoden/Precious Jackson	Jocelyn Woodward	Miki Jackson	David Pieribone
Whitney Engeran	Fariba Younai	Lee Kochems	Jacqueline Rurangirwa
Hugo Farias		Brad Leathers	Mike Squires
Douglas Frye		Rochelle Lucas	Will Strain
William Fuentes	MEMBERS ABSENT	Ricardo Pérez	Gloria Traylor-Young
David Giugni		Jane Price	Juhua Wu
Elizabeth Gomez	Daisy Aguirre	Emma Robinson	
Jeffrey Goodman	John Griggs	Jill Rotenberg	
Richard Hamilton	Kevin Lewis	James Smith	COMMISSION STAFF/CONSULTANTS
Jan King	Ron Snyder	Tania Trillo	
Brad Land/Dean Page		Nick Truong	Virginia Bonila
Anna Long		Walter Ward	Miguel Fernandez
Davyd McCoy		Jan Wise	Jane Nachazel
Ruel Nollelo		Patricia Woody	Glenda Pinney
Quentin O'Brien			Doris Reed
Everardo Orozco			James Stewart
Angélica Palmeros			Craig Vincent-Jones
Gloria Pérez/Terry Goddard			Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:00 am.
A. Roll Call: Mr. Vincent-Jones called the role and confirmed quorum.
- APPROVAL OF AGENDA:** Mr. Braswell presented the agenda for approval.
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:** Mr. Braswell referred the members to the minutes.
MOTION #2: Approve the minutes from the September 14, 2006 Commission on HIV meeting (*Passed by Consensus*).

4. PARLIAMENTARY TRAINING:

- Mr. Stewart reminded the body that each member may speak twice on an issue. That does not include response to a question or challenge unless the person who posed the question or challenge is willing to offer his or her time for the response.
- Each speaking opportunity constitutes two minutes of total time, whether the speaker uses the full two minutes or, e.g., asks a one minute question and receives a one-minute answer.

5. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Leathers, Rainbow Bridge Community Services, said his agency had done significant education and prevention concerning crystal meth abuse and its relationship to HIV. He recommended that, due to the link between the two, funding the increased capacity to help those with crystal meth addiction would reduce HIV seroconversions. He was referred to the Standards of Care Committee.
- Ms. Folks, organizing chair of BLACCC, noted they are working with a group of coalitions inside DMH. They will be accessing Mental Health Services Act funds to assist prisoners in and transitioning out of jail. They would appreciate assistance in designing their intervention program.

6. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Engeran said he had stopped at the Commission offices Wednesday and was impressed by the hard work of the staff in preparing for the meeting.
- Mr. Ballesteros suggested a break-out in the substance abuse category to identify how much is spent on crystal meth.
- Mr. Page thanked staff for calling Commissioners with a reminder to arrive on time and Commissioners for doing so.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no additional comments.

8. CO-CHAIRS' REPORT:

A. Annual Meeting: Mr. Braswell reminded the body that the Annual Meeting would be November 9th from 8:30 am to 5:00 pm at the California Endowment Center for Healthy Communities, adjacent to Union Station.

B. Member Activities: Mr. Braswell reported that Charles Carter and Sue McGinnis had resigned.

C. Own It End It Social Marketing Campaign:

- Mr. Cummings, Chief of Staff, LA Gay & Lesbian Center (LAGLC), reported on their new public awareness program.
- He noted that he participated in the 1980s public awareness effort to define AIDS as an equal opportunity disease in order to garner the federal and cultural response needed. He was a Commissioner in the 1990s during the transition to use of "MSM" rather than "gay and bisexual". He felt then that reducing identities to behaviors would have negative consequences. Preventive strategies today, he said, suffer by addressing behaviors rather than human beings and their cultural contexts. In addition, use of "MSM" has de-emphasized the risk to the gay and bisexual community with resultant reduction in community dialogue and often an unrealistic provider perception that gay and bisexual men who are out are also educated on risks.
- The campaign was developed in response to data emerging in the last couple of years and to LAGLC experience gained through service to thousands of gay and bisexual men each year. For example, a CDC study published in June 2005 of African-American gay, bisexual, and same gender-loving men in five urban areas found 46% HIV+, many of whom were not aware of their status. Yet, with the exception of a few African-American leaders, there was little response from the LGBT community. A University of Pittsburgh study of 20-year-old gay and bisexual men was released at this year's International AIDS Conference. Of that cohort, 7% were HIV+ with an anticipated 60% by age 60.
- The LAGLC conducts 600 to 800 tests per month. Most tests, of which many are HIV+, are conducted on largely informed, self-identified gay or bisexual men representing the diversity of Los Angeles. Yet, despite information, the use of crystal meth, the rise of "party-and-play" and the bare-backing subculture have all contributed to rising numbers of PWHIV even as federal medical and prevention funds are cut.
- The campaign was designed to bring the subject back into discussion and action in the community through ads in four gay magazines and in gay clubs and bars. The message was also tested before 600 people, including LGBT leaders, service organizations, elected officials, public health officials and clients.
- Mr. Butler felt the campaign misrepresents the epidemic and undermines countywide prevention efforts.
- Mr. Land thanked the LAGLC for their years of work on behalf of PWHIV. This campaign has stirred conversation in his largely rural district. On the other hand, fundraising and hate crimes are also concerns in San Gabriel, northern San Fernando and Antelope Valleys.
- Ms. Watt noted she had been talking about apathy among gay men for ten years. While she supports the effort, she feels the effect was underestimated. She added that crystal meth use must be faced as bluntly.
- Ms. Bailey said, as a heterosexual woman, it is important to emphasize that HIV is simply a human disease.

- Mr. Ballesteros said there are too few public prevention messages, like billboards. He was glad of any.
- Mr. Stockton noted the campaign was front-page news in the Antelope Valley. He feels his prevention work has been set back 10 years. He had not heard about the campaign until after the fact and encourages better communication.
- Mr. McCoy said African-Americans and Latinos already struggle with stigma. There has been much work to support perception of HIV as a human disease in order to counter gay stigma and this campaign undermines that work. He added that the visuals he has seen only represent white men.
- Ms. Gomez said much of her experience has been with monolingual Spanish-speaking people, who are concerned about being identified as gay, or women. While numbers may be smaller, it is important to reach them.
- Dr. Frye said he had been asked for, and had provided, recent local HIV+ numbers. About 75% of recently reported infections are MSM, whether or not gay-identified. He recommended that parallel campaigns could expand the message, e.g., "HIV is a black disease" since that is the most impacted ethnic community, "HIV is a woman's disease" since the percentage is rising rapidly there and so on.
- Mr. Acosta said the campaign has increased conversation, but he feels this conversation may not be helpful since many people in LA County do not identify with gay terminology. He believes behaviors are the key. Service providers in SPA 5 report the campaign has made their job harder.
- Mr. Page noted that when he was diagnosed with HIV 25 years ago, as a heterosexual, he kept his diagnosis private out of concern for stigma.
- Ms. Schwartz reported that the City of Los Angeles is building on the "HIV is a..." campaign with a series of six billboards that define other populations: Latinas, Blacks, APIs, women, transgenders and human.
- Mr. Hamilton said yesterday he had a meeting of the National Black AIDS Awareness Day Coalition and felt attendance had been helped by the campaign. On the other hand, he noted he used to hold the Gay/Bisexual Men of Color seat on the Commission and finds that his current SPA 6 seat is better understood and receives a better response. He finds divisiveness counterproductive.
- Ms. Woodard said she has faced discrimination as an African-American woman that intensified when she became HIV+ in 1993. Antelope Valley is particularly difficult. Even when services are available, people there are afraid to be identified because of very conservative groups. The campaign exacerbates the problem.
- Dr. Younai reported many conversations with patients over the years regarding love, relationships and trust. Prevention messages should focus on how HIV is transmitted, she felt, as well as how one can live a good life as a PWHIV. She still routinely encounters ignorance, even among medical professionals.
- Mr. Smith, Antelope Valley Hope Foundation, introduced himself as an African-American, gay father and veteran of Stonewall. In a relationship for 38 years, he had to explain to his children that he did not cause HIV and, due to the conservative area, a candlelight vigil was held to support teenagers who have been stigmatized by the campaign.
- Mr. Cummings thanked everyone for their comments. He said he has received responses across the board, including some who are grateful that the campaign addresses re-emerging stigma within the gay community. He noted, while up to 50% of PWHIV in this country may be gay, the population is rarely mentioned in advertising or at conferences.
- He added that he felt HIV was primarily a disease of marginalized and oppressed communities. As such, he felt that homophobia, racism and sexism were key prevention subjects.

9. EXECUTIVE DIRECTOR'S REPORT:

- A. Sunset Review:** Mr. Vincent-Jones reported that the Commission passed Sunset Review, and the new Ordinance had been adopted by the Board of Supervisors. It extends the Commission's Charter to June 30, 2011.

10. STATE OFFICE OF AIDS REPORT:

- Ms. Taylor said the office was continuing to work on Reauthorization as well as on the Title II application.
- She noted that ADAP is currently able to assist clients who are Medicare Part D beneficiaries with payment deductibles, prescription co-pays, and co-insurance. Work is underway to redesign the program to enable it to pay ADAP clients Part D premiums through CareHIPP. Plan details are expected from the federal government, possibly today. Staff will review the plans and identify from one to five of them for which, if ADAP clients choose them, premiums can be paid as of January 1st.
- Enrollment into the Medicare Part D prescription plan will be from November 15th through the end of 2006. Mr. Land asked if the redesign would address the "donut hole", to which Ms. Taylor replied that it would not.
- Regarding names data, Ms. Taylor said it would be required for both Titles I and II at some point during the next five years. The office is advocating for more resources from the CDC to help with the larger metropolitan areas. About \$5.5 million has been allocated for surveillance, including about \$2 million that had been allocated for code-based surveillance.
- Regulations are at the last stage of review. Mr. Land expressed concern at the lack of a uniform framework for state reporting. Ms. Taylor said the office cannot provide legal direction; only refer Health Officers to their county counsels. The office has provided guidance, forums and newsletters. Many counties have begun reporting names data.

- Dr. Frye said LA County has sent in about 1,000 names cases as of the last reporting period. There are still hurdles, like lack of reporting from some major labs and some providers who are still confused. LA County represents about 35% of the state.
- He added that, if the law had said retroactive reporting was allowable, significant numbers could have been compiled from HIV clinics and electronic matching. Instead, cases are only being counted in which lab work was done after April 17, 2006.
- In addition, many informed consent forms for testing and some medical cases do not include the HIPPA-compliant phrase “except as required by law” to modify rules concerning the release of names. In those cases, forms must be rewritten. He estimated it would take about two years to gather the majority of cases in the current context, as accepted by the CDC.
- Dr. King reported new CDC informed consent guidelines. Ms. Taylor said state counseling/testing staff worked are working with those guidelines.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

A. Year 17 Title I Application:

- Mr. Pérez reported a successful submission. He thanked staff led by Dr. Green and Commission assistance.
- Mr. Baker would host a conference call in the next ten days on the current Reauthorization bill.

B. Organizational Restructuring:

- Mr. Pérez said, about four months into his administration, organization assessment continues. A series of all-day meetings will review both priority-setting and achieving efficiencies. There is currently a 30% vacancy rate.
- He noted that 9.8% to 10.3% of expenditures are estimated to meet administrative requirements with the rest supporting programmatic functions.
- Many providers feel the monthly reporting process and the annual program reviews could be improved. Currently, skilled program managers are expected to assess ongoing programmatic progress, provide technical assistance throughout the year and conduct comprehensive program reviews. Mr. Pérez seeks to improve discrimination among the third of programs that need less oversight, the third that could benefit by technical assistance, and the remainder. Program reviews use significant staff time so efficiencies could be notable.
- He continued that, while providers have noted the burden of generating data, a great deal of data is required to meet state reporting requirements. He has proposed reducing programmatic reports from monthly to quarterly. Fiscal reports would remain on a monthly schedule to ensure agency fiscal health. The two would be reconciled quarterly. Approval for the new reporting schedule must be negotiated with the County.
- Ms. Broadus asked about fiscal monitoring. He responded that it traditionally has been done by three groups: care and prevention staff do program reviews, contract administration or finance do administrative reviews, and fiscal reviews are done periodically by either the department’s Centralized Contract Monitoring Division or the Auditor-Controller. Several years ago, the Board of Supervisors enhanced the Auditor-Controller’s role in fiscal monitoring of contracted providers, especially within the Department of Health Services with a focus on OAPP. The Auditor-Controller has developed a risk assessment for all departments which is used to determine which programs to monitor.
- On a related matter, the multiple data reporting systems will be reviewed to ascertain the essential variables and then negotiate an agreement with state and federal partners on those necessary for effective reporting. Systems will need to be adjusted to meet identified goals in the present and over time.
- Mr. Pérez reported efforts were under way to better focus on areas where OAPP could be most effective in training, evaluation, research and public policy and where, conversely, it is most efficient to work with community partners. The collaborative emphasis will allow deeper efforts in fewer areas even as complimentary agency work is supported.

12. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye reported that the semi-annual surveillance report was not yet out due to printing vendor delays. However, as of June 30th, there were 20,900 PWA in LA County.
- Ms. Broadus referenced the HIV/AIDS Semi-Annual Surveillance Summary for July 2006. She noted there was no risk group distinction drawn between pre-adjusted and adjusted numbers. Previously there were pie charts for both. Dr. Frye replied that LA County has a higher percentage, up to 30%, of cases with unidentified risk than the state as a whole. Numbers are distributed into risk categories using a CDC methodology based on cases in which an initially undetermined risk factor was later identified. He said the data was there, albeit presented differently, and could be retrieved from the website.
- He added that anyone could request data on a specific subject. The office could usually provide it within two weeks.
- ➔ Ms. Broadus requested, and it was agreed, that HIV Epidemiology present on the last five years of unidentified risk.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that last week’s meeting was the alternate monthly meeting with committee break-outs.
- The theme for the annual meeting, November 16-17, 2006, will be skills for the next prevention plan.
- Standards and Best Practices continues its work and has made its HIV Counseling and Testing Work Group permanent.

- Reports from UCHAPS and USCA both complemented Los Angeles as a leader. It was agreed to encourage abstracts. Ms. Watt plans one on the role of drug and alcohol use, not abuse, in treatment. Another suggested topic was transgender issues.
- Mr. Giugni reported that the Evaluation Subcommittee was developing the prevention plan addendum which will shape future contracts with the past year's recommendations from work groups: the African-American MSM Task Force, the Crystal Methamphetamine Task Force, the Venue-Based Task Force, and the Counseling and Testing Task Force.
- The next meeting on this work will be October 23rd at St. Ann's from 2:30-5:00 pm. All are welcome to participate.
- Nominations are open for the Community Co-Chair seat. The vote will be at the December meeting.

14. TASK FORCE REPORTS:

A. Commission Task Forces: There were no reports.

B. Community Task Forces: Ms. Watt reported about 60 people attended the Drug and Alcohol Task Force all-day training on Hepatitis C. At the next meeting, on November 1st at Precious Blood Church, there will be a two-hour training on TB.

15. SPA/DISTRICT REPORTS:

- Mr. Goodman invited all to attend an October 16th crystal meth forum in Santa Monica.
- Ms. Broadus asked about Commission/SPA interaction. Mr. Vincent-Jones responded that duty statements for the various SPAs require the person holding the seat to be responsible for reporting. There have been discussions in both RD&B and P&P regarding improved support for those Commissioners in conjunction with OAPP which governs SPN contracts.
- ➡ Mr. Vincent-Jones agreed to informally poll Commissioners to see how they currently gather and disseminate information as a starting point for improvements.

16. STANDING COMMITTEE REPORTS:

A. Public Policy Committee:

1. **CARE Act Reauthorization:** Mr. Engeran reported the House passed a bill by over two-thirds, as required, with Jane Harmon the sole Democrat in favor. Four senators, from New Jersey and New York, have blocked Senate passage. It was not known whether the bill would resurface during the lame duck session.
2. **Title I Advocacy Follow-Up:** Mr. Engeran called attention to a memorandum from the Committee to the Commission summarizing activities.
3. **Name-Based HIV Reporting:** There was nothing additional to report except to reiterate that the State still has not released draft regulations.
4. **S 3650: Helping Fill Medicare RX Gap:**
 - Ms. Schwartz reported this federal bill would help bridge the Medicare donut hole by allowing ADAP and some other assistance program costs to count toward the annual out of pocket threshold under Part D.
 - Mr. Goodman noted that was particularly important for those with co-morbidities. When ADAP does not count towards the threshold, HIV/AIDS drugs continue to be covered by ADAP, but other drugs are not covered, and those in the donut hole cannot get out of it.

MOTION #3: Endorse S. 3650 and forward for County position, as presented (*Passed by Consensus*).

5. **Miscellaneous:**

- Mr. Butler reported receipt of a letter from Medicare announcing review of low-income subsidy recipients. The three automatic qualifiers are: Medicaid, and/or the state helps pay for premiums, and/or SSI. His letter said CMS no longer automatically qualifies those with birthdates after September 1st, though they may apply individually and a \$14,300 annual income cap will apply. He is seeking more information.
- Mr. Engeran said there was good discussion following a HALSA presentation on immigration reform. The Committee will continue to monitor how further immigration reform activities may affect populations in need of HIV/AIDS services.
- Two bills have come forward from federal representatives regarding condoms and/or HIV testing in prisons. State Assemblymember Dymally is also expected to resubmit his legislation. The Committee is making plans to sponsor a hearing on prisons.

B. Standards of Care (SOC) Committee:

1. **Medical Outpatient Rate Study:** Dr. Younai noted a final comparison between the Medical Outpatient Therapy standards and the related rate studies. SOC is drafting a memorandum to OAPP regarding the comparison and related concerns.
2. **Rate Studies Policy and Procedure:** This was released for public comment in the prior month. No comments were received.

MOTION #4: Approve the Rate Studies policy and procedure and incorporate into the MOU, as presented (*Passed by Consensus*).

3. **Medicare Part D Follow-Up:**

- Mr. Vincent-Jones noted one recommendation that emerged from the forum was to ensure providers and consumers are aware that the enrollment period is abbreviated to November 15th to January 1st.
- Mr. Pérez noted OAPP supports maximized enrollment and he will keep the Commission informed of its efforts.

4. **Quality Management Cycle:**

- Dr. Younai noted there are four standards for adoption and only one more to go out for public comment.
- The Quality Management Cycle memorandum and PowerPoint outline the process for incorporating the standards into the Quality Assurance Cycle.
- Standards provide detailed service delivery instructions and minimum requirements. Service definitions provide a brief summary of the service. Service descriptions provide a detailed application of the standard for service procurement and monitoring.
- A meeting was planned with SOC, Kathleen Clanon and Phil Meyer to evaluate the process as well as develop special population guidelines and prepare for a final Commission approval of the standards as a whole.
- While other populations may be added later, currently identified special populations are: adolescents/youth, transgenders, and women. Unlike the standards process which has begun with a draft, people with expertise in the areas will be provided a survey to elicit their thoughts and will then be brought together to define criteria and qualifying populations.
- Next steps include standards dissemination, as well as service delivery activities of procurement, continuum of care and rate studies; quality management activities of outcomes/indicators, benchmarking/baselining, and best practices; and planning activities policies/procedures, data management/monitoring, and service and cost effectiveness.
- The grievance process will also be reviewed both pertaining to individual providers and systemic problems. Once refined, the process will need to be approved by the Board of Supervisors and quarterly meetings with OAPP can be initiated to track developments.
- The Patients Bill of Rights is integral to the grievance process and includes both warm-line information and development of a consumer brochure.
- While many public comments have been incorporated into the standards, others raised more complex issues and were set aside for later review. A process for evaluating and addressing these issues will be developed.

5. **Standards Development Process:**

- A memorandum of next steps detailed meetings planned for October 17th on incorporating client advocacy into standards of care and on process evaluation, as well as meetings in November to integrate case management standards into Medical Case Management in accord with newly developed Title I guidelines, and meetings in December and January to develop special population guidelines.
- An updated standards timeline was also included.

6. **Counseling/Testing Standards of Care:** Ms. Palmeros noted there were no comments. SOC had added "...in the care and treatment setting" after "counseling/testing" throughout the standard to clarify that it is intended to help providers incorporate existing counseling/testing standards into care and treatment.

MOTION #5: Adopt the Counseling/Testing Standards of Care, as presented (*Passed by Consensus*).

7. **Outreach Services Standards of Care:** Ms. Palmeros noted there were no comments submitted.

MOTION #6: Adopt the Outreach Services standards of care, as presented (*Passed by Consensus*).

8. **Early Intervention Standards of Care:**

- Ms. Palmeros noted there were no comments.
- Ms. Broadus referenced earlier discussions on the importance of oral health. She requested that oral health be added to the list of subjects under Health Education on page 13 of the draft. It was agreed to revise the standard accordingly.

MOTION #7 (Broadus/Engeran): Adopt the Early Intervention standards of care, with the addition of "oral health" under Health Education on page 13 of the draft (*Passed by Consensus*).

9. **Direct Emergency Financial Assistance (DEFA) Standards of Care:**

- Ms. Palmeros noted there were no comments.
- Ms. Broadus noted the Commission recently eliminated food vouchers and reduced transportation due to insufficient benchmarks. She asked how this standard will be managed. Mr. Vincent-Jones replied it is one of several standards for which benchmarks will be developed at a later date because current data or assessments are insufficient.

MOTION #8: Adopt the Direct Emergency Financial Assistance (DEFA) standards of care, as presented (*Passed by Consensus*).

10. ***In-Home Case Management Standards of Care:***

- Ms. Palmeros introduced this last standard. She noted it would be open for public comment until November 1st.
- These services focus on care for people who are functionally impaired and require intensive home and/or community-based services to effectively access and maintain care.
- Goals are: assessing/facilitating in-home services; helping clients locate services; assisting providers coordinate services; helping clients understand/manage medical diagnoses; risk reduction education; adherence support; support in transitioning to self-care/management; and providing quality, cost-effective care.
- Services include: assessment, service planning, attendant care services, homemaker services, psychosocial case management and mental health services.
- Outcomes are service effectiveness with 90% of clients linked to 50% of referred services, including at least one primary care visit, within six months, as well as 80% client satisfaction.
- Units of service are the number patient contacts for home-based case management and number of hours for attendant care, as well as number of clients.

11. ***Miscellaneous:*** Mr. Hamilton thanked the SOC for all their work.

C. Priorities and Planning (P&P) Committee:

1. ***Unmet Need:*** Noting this was the annual meeting subject, Mr. Land deferred further report.
2. ***Miscellaneous:*** There were no additional comments.

D. Finance Committee:

1. ***Financial Reports:***

- Mr. O'Brien noted there were no significant changes to the full-year estimate.
- He commented that the bottom line of column 6 in the Title I report shows a \$2.6 million variance between what is contracted and what the grant funds. That reflects the grant cut. NCC funds are compensating for the cut, but are not reflected on the report.
- The fifth line from the bottom of column 6 in that report reflects the \$100,000 cut absorbed by the Commission.

2. ***Miscellaneous:***

- Mr. Ballesteros said the Committee discussed the Assessment of the Administrative Mechanism (AAM). The document is being revised to reflect updates of some deliverables for the objectives.
- He noted that the Committee will reconvene to review allocations if, and after, the CARE Act is Reauthorized.
- The reporting document for some of the financials is anticipated soon. It will be brought forward from the Committee once OAPP has completed its development.
- Mr. Engeran said there had been several motions, both from the Commission and from the Board, related to OAPP budget shortfalls, backfills and so on. He said he had lost track, though he believed timelines had been developed that had already passed. He felt a motion for a written report would update everyone.
- Mr. Vincent-Jones said that the Finance Committee was already working on this matter and had had extensive conversations with OAPP. OAPP's report on the financial part of the information is agendaized for the December Commission meeting.
- He added that the Finance Committee is also in the process of sending a letter requesting savings information.
- Mr. Engeran said he would like a written report that lists each motion, the date it was approved and what has transpired regarding it since.

MOTION #9 (Engeran/Land): Direct the Finance Committee to bring a written report summarizing motions made related to OAPP budgets by both the Board of Supervisors and the Commission with the outcomes (**Motion Failed: 4 Ayes; 8 Opposed; 11 Abstentions**).

- ➡ The Finance Committee agreed to develop a memo detailing the last year's worth of motions from the BOS and communications related to them, with the results of the activities.

E. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. ***Member Duty Statements:***

- Mr. Butler said duty statements for Supervisorial District representatives and for alternates were in the packet and being released for public comment until November 9th. They complete duty statements for 33 of the 42 seats.
- The remaining nine seats that must be defined with duty statements are for "institutional seats", such as the Medi-Cal and the State Office of AIDS representative seats. RD&B will be coordinating with those bodies to develop detailed and reflective duty statements for those seats.

2. ***Leave of Absence Policy:*** Mr. Butler opened the Leave of Absence Policy for public comment until November 9, 2006.

3. ***Miscellaneous:*** Mr. Butler reminded all of the mandatory Ethics Training scheduled to following.

18. LOS ANGELES COUNTY ETHICS TRAINING:

- Ms. Goul, County Counsel, provided the training which is newly required every two years by Assembly Bill 1234.
- If anyone on a commission is eligible for a stipend or expense reimbursement, all commissioners must be trained.
- She noted commissioners are considered public officials on the basis of their appointment to the commission and that they must file a Form 700.
- Public officials are held to a high standard. It is always wise to evaluate how something will be perceived by the public regardless of whether or not it meets minimum ethical and legal standards.
- Official positions can never be used to influence decisions that affect the official's financial interests.
- Federal requirements mandate the Commission on HIV's participation in financial decisions by some, like providers, whose financial interests could be affected. For that reason, the Commission constitutes "safe harbor" for discussion of and action on applicable matters so long as only services, not specific contracts, are addressed.
- Penalties for violations include prison, life-term exclusion from future public office and voiding of any contract involved.
- The Board adopted an ordinance in April 2006 governing post-government employment that applies to LA County officials, including commissioners. It prohibits participation in decisions involving an entity with which future employment has been negotiated or determined.
- It also prohibits leaving the Commission to accept employment as a lobbyist with an entity that has a matter before the Commission, with a one-year ban on accepting any nongovernmental employment that entails lobbying the Commission.
- ➡ Ms. Goul will investigate how priority-setting affects such conflicts and report her findings to Mr. Vincent-Jones.
- Should a commissioner choose to run for LA County office, contributions are limited to \$200 per campaign or \$1,000 if the candidate has accepted the LA County voluntary spending limits.
- Lobbyists must register with LA County.
- Public officials must be cautious regarding receipt of gifts or other benefits that may be received by virtue of their office. Aggregate gifts from one source of \$51 to \$360 are reportable. Aggregate gifts above \$360, \$391 after January 1, are prohibited. Gifts returned or donated to a charity within 30 days are not counted. Free transportation is banned.
- Honoraria are banned. There are some technical exceptions for expenses like transportation should a commissioner be asked to substantively contribute to an event, e.g., through participation on a panel. These should be reviewed individually.
- There are also prohibitions against misuse of public funds, e.g., use of a commission's supplies or equipment for personal purposes. Penalties include disqualification from public office, three times the cost of funds used, and a \$1,000 per day fine.
- LA County entities may not represent the County on legislation unless the Board has already done so. The Commission may support the Board's position if desired, but cannot use public funds to campaign for or against a position to voters. Materials distributed must be informational and balanced. This is distinct from lobbying legislators.
- The Brown Act applies to the Board and any body it creates or their issue when a quorum pertains. It requires 72-hour public notice of meetings that includes summaries of matters to be addressed. The public must have a reasonable opportunity to speak. Limited closed sessions are permitted regarding litigation, labor negotiations and real property negotiations.
- Virtually all records, including meeting tapes and emails, are public. Public records requests require response within 10 days. If sued regarding a public records request, the public entity normally pays all attorney fees.
- Fair process is required in all undertakings, e.g., competitive bidding provides equal opportunity to all contractors.
- LA County payment of expenses to attend a meeting of another entity must be disclosed at the next regular Commission meeting. That does not apply if expenses were paid by an entity other than LA County.
- The Attorney General, the Institute for Local Government and the Fair Political Practices Commission have additional resources on these topics. The Fair Political Practices Commission has a booklet on gifts, travel and honoraria.
- Ms. Goul distributed a written test to be completed by each of the Commissioners and turned in to staff.

18. COMMISSION COMMENT: There were no additional comments.

19. ANNOUNCEMENTS:

- Ms. Broadus announced that the 2nd District HIV/AIDS Community Coalition will celebrate its 10th Anniversary on October 30th, 9:45 a.m., at Mount Carmel Treatment Center on the corner of Hoover and 70th Street.
- Mr. Eastman honored the 10th anniversary of the first medical marijuana club in LA County and thanked all for their support.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 2:10 p.m.

A. Roll Call: End-of-the meeting roll call was taken.

Commission on HIV Meeting Minutes

October 12, 2006

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MOTION AND VOTING SUMMARY

MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the September 14, 2006 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Endorse S. 3650 and forward for County position, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Approve the Rate Studies policy and procedure and incorporate into the MOU, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Adopt the Counseling/Testing standards of care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Adopt the Outreach Services standards of care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7: (Broadus/Engeran): Adopt the Early Intervention standards of care, with the addition of “oral health” under Health Education on page 13 of the draft.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Adopt the Direct Emergency Financial Assistance (DEFA) standards of care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #9 (Engeran/Land): Direct the Finance Committee to bring a written report summarizing motions made related to OAPP budgets by both the Board of Supervisors and the Commission with the outcomes	<i>Ayes: Engeran, Land, Schwartz, Skinner Opposed: Bailey, Braswell, Ballesteros, Broadus, Fuentes, O'Brien, Gloria Pérez, Taylor Abstention: Butler, Crews-Rhoden, Goodman, Land, Long, Orozco, Palmeros, Stockton, Varela, Woodard, Younai</i>	MOTION FAILED Ayes: 4 Opposed: 8 Abstentions: 11